

ARIZONA REGISTRAR of CONTRACTORS (ROC)

Administrative Recovery Fund Claim Form Information

3838 N Central Ave, Suite 400 - Phoenix, AZ 85012-1946

THE FOLLOWING DOCUMENTS ARE REQUIRED (Your claim will be delayed if you do not submit copies of all required documents):

☐ **The agreement -**

If written, a copy of original signed construction contract; including any addendums or change orders **OR**

If verbal, an original signed/notarized statement which must include the following information:

- ✓ Company and/or owner's name and ROC license number(s).
- ✓ Date of the agreement.
- ✓ Terms of the agreement (example: start date, completion date, etc.).
- ✓ Describe the work the contractor was to do, including any addendums or change orders.
- ✓ Cost breakdown (if known) and total price of agreement.

- ***You must sign the statement in the presence of a Notary Public.***

☐ **Copy of original bid or proposal.**

☐ **Copies of drawings and/or building specifications (if part of the contract).**

☐ **Copy of property deed (available from County Recorder).**

☐ **Copies of documents that verify payment(s) made on the original contract (see the following examples):**

(To protect your privacy, black out all SSN or financial account information)

- **Front and back sides of cancelled checks.**
- **Credit card statements.**
- **Close of escrow settlement statement.**
- **Executed lien release/waivers.**
- **Bank/Lender documents showing payments actually received by the contractor.**

☐ **Proof of cost to repair and/or complete the project -**

If work has not begun, copies of three (3) itemized bids to repair or complete the project from licensed residential contractors that are currently in good standing **OR**

If work is in progress or completed, fill out the cost detail on page 4 and submit copies of new contract(s) with licensed residential contractors, invoices, receipts and proof of payment as specified above.

You may also include copies of any other supporting documentation regarding this claim for the Registrar's review.

ALL DOCUMENTS MAY BE VIEWED BY THE PUBLIC

CLAIM FORM INSTRUCTIONS

Section #1. "Person Filing The Claim"

- Be sure to include a phone number where we can reach you during the day and a mailing address where you want your mail sent. (You must notify the Recovery Fund in writing if your mailing address changes)

Section #2. "Contractor Filed Against"

- Provide the information requested.

Section #3. "Contract and Worksite Information" and Section #4. "Claim Information"

- **To avoid delays in the processing of your claim please fill out these two sections completely.** (If any information requested on the form does not apply to your claim, enter "none").

Section #5. "Amount of Claim"

- Enter either the dollar amount of what it will cost to repair/complete the project or if no work was done, the amount of the deposit refund you are requesting.
- **If work is in progress or completed**, fill out the cost detail on page 4 of the Recovery Fund Claim Form.

Your claim will be delayed if you do not complete the cost details and submit copies of all required documents.

ARIZONA REGISTRAR *of* CONTRACTORS

Administrative Recovery Fund Claim Information

The Fund is available to a person who owns and lives in or intends to own and live in a class three residential property, who contracts with a licensed residential contractor. A.R.S. § 32-1131(3).

Additionally, the contractor's residential license must be suspended or revoked on your administrative complaint. A.R.S. § 32-1154(F).

Your administrative complaint must have been filed within two years of close of escrow or actual occupancy (whichever occurred first) of a new structure or completion of remodel/repair. A.R.S. § 32-1155(A).

A payment is limited to \$30,000.00 per person or residence, with \$200,000.00 as the maximum amount paid per residential contractor's license. A.R.S. §§ 32-1132(A) and 32-1139(A).

A payment is not available if the residential contractor's license was inactive, expired, cancelled, suspended, revoked or not issued at the time of the contract. A.R.S. § 32-1132(A).

Proof of cost to complete or repair cannot be based on bids supplied by or work performed by an unlicensed person or business. A.R.S. § 32-1132(A).

The sequence in which claims are paid is determined by the "entry of the Order" date directing payment from the Recovery Fund, by the Registrar or a court. A.R.S. § 32-1139(A).

Deliver or mail the signed original of the claim form along with copies of all required and supporting documents to the nearest Registrar of Contractors' office. Retain a copy for your records. For additional information visit our website at www.azroc.gov. If further assistance is required contact the Recovery Fund at 602-542-1525 or toll-free within Arizona at **1-877-MY AZROC** (1-877-692-9762).

Persons with disabilities may contact the ADA Coordinator at 602-542-1525; TDD 602-542-1588 or Toll Free **1-877-MY AZROC** (1-877-692-9762).



ARIZONA REGISTRAR of CONTRACTORS

RECOVERY FUND CLAIM FORM

(602) 542-1525

or

Toll-Free within Arizona 1-877-MY AZROC (1-877-692-9762)

TYPE OR PRINT ANSWER ALL QUESTIONS

Recovery Fund Claim Number

DO NOT WRITE IN THE GREY AREA ABOVE, FOR OFFICIAL USE ONLY

1. PERSON FILING THE CLAIM (Homeowner ☐ or Attorney ☐)

Homeowner's name:		ROC complaint number:	
Homeowner's mailing address:		City:	State: Zip:
Homeowner's day phone number:	Home/Cell phone number:	E-mail address:	
Attorney's name (if any):	Attorney's phone number:	Attorney's address (include City, State and Zip):	

2. CONTRACTOR FILED AGAINST

Contractor's company name:	ROC license number:	Phone number:
Contractor's mailing address:	City:	State: Zip:

3. CONTRACT AND WORKSITE INFORMATION

Date of contract:	Verbal <input type="checkbox"/> Written <input type="checkbox"/> Both <input type="checkbox"/>	Contract amount: \$	Total paid to contractor: \$	Paid in-full ? Yes <input type="checkbox"/> No <input type="checkbox"/>	Balance due on contract: \$
Do you own the residence? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you live in the residence? Yes <input type="checkbox"/> No <input type="checkbox"/>		Move in date:	
Date work began:	Completion date:	Date work last performed:	Date project abandoned:		
Worksite address (where the work was performed):		City:	State:	Zip:	

Has any of the work been repaired or completed by a new contractor(s)?

Yes ☐ No ☐ If yes, give new contractor's name(s).

4. MONEY RECEIVED FROM OTHER SOURCES (Enter amount or "none")

Contractor's bond \$	Homeowner's insurance \$	Other \$
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5. AMOUNT OF CLAIM

Cost to repair and/or complete the project (also provide costs details on back of claim form) \$	OR	Amount of deposit (if no work was done) \$
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IMPORTANT:

- Your claim will be delayed if you do not submit copies of all required documents and provide the cost details.
- Do not send originals of supporting documentation. They will not be returned to you.
- All documents submitted with this claim may be viewed by the public.
(To protect your privacy, black out all SSN or financial account information.)
- Sign, date and submit the original claim form. Make a copy for your records.

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"Under penalty of law, I verify that the information given in this claim is true to the best of my knowledge."

Signature (Homeowner ☐ or Attorney ☐)

Print Name

Date

Persons with disabilities may contact the ADA Coordinator at 602-542-1525; TDD 602-542-1588 or Toll Free 1-877-MY AZROC (1-877-692-9762).

Deliver or mail the original claim form to the nearest Registrar of Contractors' office.

ARIZONA REGISTRAR *of* CONTRACTORS

Recovery Fund Claim Cost Detail

If work is in process or completed, fill out the cost detail below as specified on page 1.

LIST COST TO REPAIR AND / OR COMPLETE THE PROJECT IN ORDER BY DATE

<i>If you need additional lines, you may duplicate this form.</i>

Date of Receipt or Invoice	Receipt or Invoice From (i.e. store, person, company name)	Dollar Amount	Type of Payment Verification (i.e. - check including number, - credit card statement including date, - affidavit or construction draw including date, etc.)	
Example: 07/15/1953	Any Store USA	\$1.00	Visa Statement	07/15/1953

Remember:

- Your claim will not be processed until all required documents are received.
- You must send copies of all the documents listed above.
- Do not send originals.
- Copy front and back sides of cancelled checks.
- To protect your privacy, black out all SSN or financial account information.